

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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**FILING DATE**

**APPLICANT(S)**

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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5						
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7		/				
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49						
50						
TOTAL IND.	3		3			
TOTAL DEP.	2		2			
TOTAL CLAIMS	11		18			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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